Valdez, De La O & Associates, Inc.

Ed Valdez

Multiple Line Insurance Adjusters and Investigators

Phone: 505-474-3681

Albert Valdez

P.O. Box 6207

Fax: 505-474-1496

Santa Fe, New Mexico 87502

RECEIVED

JUN 23 2014

RISK MANAGEMENT DIVISION PAC

June 17, 2014

Mr. Rod Crawley

Risk Management Division

State of New Mexico General Services Dept.

P.O. Box 6850

Santa Fe, NM 87502

Re:

RMD File Number:

1400738-000

Insured Entity:

Department of Public Safety

Claimant:

Valentin Villareal

Date of Loss:

12/10/13

Our File Number:

LE32069

Dear Mr. Crawley:

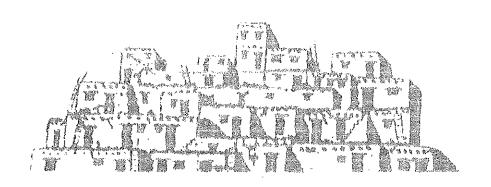
ENCLOSURES: 1) Release 2) Record of Time and Expenses

Enclosed is the signed and notarized release of all claims. Nothing further remains to be done. I am closing my file with this report. Thank you for this assignment.

Sincerely,

Ed Valdez

Adjuster



<i>j</i> , , , , , , , , , , , , , , , , , , ,	RELEASE
That /alenten: Villaval	
Dollars, (\$	and administrators, and also any and all other persons, associations and a together with the above named, may be jointly or severally liable to the ans and causes of action, rights, suits, covenants, contracts, agreements, luding claims for contribution, arising from and by reason of any and all EN bodily and personal injuries or death, damage to property, and the hereafter may be sustained by the Undersigned or by any and all other referred to or not, and especially from all liability arising out of an day of
any person or persons, as heirs, or otherwise, as the re consequences thereof;That this full and final release shall cover and include all a	t any time or in any manner whatsoever; otherwise, past, present or future, which can or may ever be asserted by sult of injuries or death and/or damages as aforesaid or the effects or and any future injuries, death and/or damages not now known to any of the ed, including the effects or consequences thereof and including all causes
4) That the Undersigned will indemnify and hold harmless the any and every claim or demand of every kind and char Undersigned by reason of said occurrence, injuries and/or	or otherwise barred from asserting and expressly reserve the right to assert, dersigned or any others.
In witness whereof, the hand and seal of the Undersigned is se	t hereunto this day of
, 2017.	READ CAREFULLY BEFORE SIGNING
Witness:	Signature (SEAL)
Address:	Address:
Witness:	(SEAL)
Address:	Signature Address:
STATE OF: NEW MCXICO	
COUNTY OF: SANTA FE	
Valentin Willareal ()	une, 20/4 before me personally appeared
o me personally known, and known to be the persons individually acknowledged to me the act of signing and sealing thereof. My term expires 7/1, 20/5	or jointly described in and who executed the above instrument and who
vaj verni enpirez	NOTARY PUBLIC

